

26th Annual Shared Living & Adult Foster Care Conference

“It Starts with Us”

Thursday, October 3, 2019

** We thank you very much for your thoughtful submission; we will contact you upon review of all proposals. **

WORKSHOP PROPOSAL PACKET

Workshop Title: _____

Course Description: _____

Brief outline of workshop content :(Use additional sheets if necessary) _____

Workshop Learning Objective: _____

Please describe your targeted audience (Ex. Families, Program Administrators, Direct Support Workers): _____

Principal workshop leader Name _____
Title _____
Address _____
Telephone _____ Email _____
Fax No. _____
Web link: _____
Presenter available: All Day: _____ ½ Day (give specific time) _____

Co facilitator Name _____
Title _____
Address _____
Telephone _____ Email _____
Fax No. _____
Web link: _____
Presenter available: All Day: _____ ½ Day (give specific time) _____

Anticipated Audio/Visual Equipment:

| | |
|--------------------------|-----------------------|
| _____ None | _____ Screen |
| _____ Flip Chart | _____ VCR/DVD Machine |
| _____ Phone Line | _____ Monitor |
| _____ Overhead Projector | _____ LCD Projector |
| _____ Microphone | _____ Other |

*Presenters are expected to provide their own computer/laptop.

